

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033871

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8824

STATE FILE NUMBER

FILED SEP 6 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

c. CITY OR TOWN

d. STREET ADDRESS (If outside, give location)

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

(Type or print)

THEODORE

C

MC BRIDE

AUG

30

1963

5. SEX

6. COLOR OR RACE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

MALE

WHITE

SEPT. 24, 1881

81

Months

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

SHIPPING CLERK YORK REFRIGERATOR CO.

ST. LOUIS, MO.

U-S-A

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

WILLIAM MC BRIDE

EMMA WHITE

CLARA MC BRIDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

NO

145 CLARA MC BRIDE 4371 FATIMA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Carcinoma Stomach

151X

INTERVAL BETWEEN ONSET AND DEATH

3-25-61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

YES ☐ NO ☒

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased, from 3-25-61 to 3-30-63 and last saw him alive on 3-14-63

Death occurred at 1030 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Eugene H. Edde MD

4971 Chippewa St

3-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (city, town, or county)

(State)

REMOVAL

SEPT. 3, 1963

VALHALLA CEMETERY

ST. LOUIS CO.

MO.

24. GENERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thomas Kutis 2906 L'Annois

SEP 3 1963

Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

251 Circle
 4971 Cambridge
 4R 23770
 Card of Thanks
 Pack Sept. 3-63

or by _____, Student Embalmer No. _____

Student _____

Signed

Licensed Embalmer No. 2403

P. O. Address

If this body is not embalmed, fact should be so stated above.